

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Olipares, Celestina (ARCH)	CHAPTER 100.1
Address: 45-693 Keneke Street, Kaneohe, Hawaii 96744	Inspection Date: May 1, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

19 MAY 15 PM 3:52

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1- Review of physician order shows medication Seroquel was not reevaluated every four (4) months.</p> <ul style="list-style-type: none"> 8/29/18-3/20/19 – 7 months 	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>19 MAY 15 P3:52</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (g) All medication orders shall be reevaluated and signed by the physician or APRN every four months or as ordered by the physician or APRN, not to exceed one year.</p> <p><u>FINDINGS</u> Resident #1- Review of physician order shows medication Seroquel was not reevaluated every four (4) months.</p> <ul style="list-style-type: none"> 8/29/18-3/20/19 – 7 months 	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>In the future I will write reminders/notes in my calendar that all medication orders be reevaluated and signed by the physician every four months.</p> <p>If not then medications will not be administered.</p>	

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(6) The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Physician or APRN signed orders for diet, medications, and treatments;</p> <p><u>FINDINGS</u> Resident #1- PCG stated that resident is using CPAP machine at night due to sleep apnea; however, there was no physician order found on record.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Treatment mentioned for Resident #1, Physician already signed the medication order on Physician order sheet.</p> <p>SEE ATTACHED</p>	<p>19 MAY 15 PM 3:52</p> <p>STATE OF NEW YORK DEPARTMENT OF HEALTH SUNY DOWNSTATE MEDICAL CENTER</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(3) During residence, records shall include:</p> <p>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;</p> <p><u>FINDINGS</u> Resident #1- October progress notes did not reflect resident's response to antibiotic ear drops (ordered 10/24/18).</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p>	<p>19 MAY 15 P 3:53</p> <p>STATE OF CONNECTICUT DEPARTMENT OF STATE LICENSING</p>

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Licensee's/Administrator's Signature: Celestina Olipares

Print Name: CELESTINA OLIPARES

Date: 5-13-19

STATE OF IDAHO
DOH-1000A
STATE LICENSING

19 MAY 15 P3:53